## INDIANA DEPARTMENT OF TRANSPORTATION, LAND ACQUISITION DIVISION, RELOCATION UNIT

## COMMERCIAL OCCUPANCY AND MOVE CERTIFICATION

Name	Project
Address	Parcel Code
Type of Relocation:	Telephone
Date of Occupancy	Initiation of Negotiations
<b>Relocation Needs of this Enterprise:</b>	Occupancy Status: Owner Tenant
Approx. building size sq. ft.	Approx. land needs acres
Location and other needs	
I certify that the information provided above i	s true and accurate to the best of my knowledge.
Date	Relocation Specialist
I agree to accept the sum of \$ as payment in full for relocating the personal property listed on the inventory dated from the real property being purchased by the State for this project. I understand that deviation to any significant amount of the items actually relocated from the listed personal property will cause the agreed amount to be adjusted.  I further understand that the State may monitor all moves. I agree to provide the state with reasonable advance notice of the move and to permit the State to monitor the move with reasonable and timely inspection of the personal property at both the displacement and replacement sites.	
Date	Owner or Operator
I certify that the relocation of all personal proby a <b>commercial mover self move</b> ar replacement site is located at  Types of assistance provided including address	nd that all real property remains intact as of this date. The
Date	Relocation Specialist